

Application For Disability Retirement

In accordance with the provisions of the Seattle Municipal Code 4.36 (Ordinance 78444), as amended, I hereby make application for disability retirement from active service.

This disability is not due to willful misconduct or violation of law.

I hereby agree to report any gross monthly income from gainful employment.

- ☐ My disability is related to an on-the-job injury and I authorize the Retirement Office to obtain copies of the related records from the City Workers Compensation files. _____ (signature required)
- ☐ My disability is related to the following medical condition(s): _____
(You must have your doctor provide the Retirement Office information about your medical history and a statement as to why you are now unemployable.)

The beneficiary I hereby nominate to receive the benefit payable after my death is:

Beneficiary Name and Phone:	Beneficiary Address:
Beneficiary Relationship:	
Contingent Beneficiary Name and Phone:	Contingent Beneficiary Address:
Beneficiary Relationship:	

Death Benefit System - Please check one:

- ☐ I **DO NOT** elect to continue in the Death Benefit System.
- ☐ I **DO** elect to continue in the Death Benefit System and hereby nominate my beneficiary:

Beneficiary Name and Phone:	Beneficiary Address:
Beneficiary Relationship:	
Contingent Beneficiary Name and Phone:	Contingent Beneficiary Address:
Beneficiary Relationship:	

Date of Application:	Signature:
	Printed Name:
Department:	Address:
Title of Position:	City: ST.: Zip:
Date Separated:	Telephone #:
Retno:	Social Security #:
Office Use Only	

Seattle City Employees' Retirement System

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